State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED

OCT 2 0 2004

Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,

500 E Capitol Ave., Pierre, SD 57501-5070

S.D. SEC. OF STATE

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee GRANT COUNTY REPUBLICAN COMMITME
Complete Mailing Address 47468 146 8t, MILBANIC SD 57852 Name of Person Making Report DENISE PESCHENG Daytime Phone Number 432 9575
Name of Person Making Report DENISE PESCHENG Daytime Phone Number 432 9575
If you are a candidate, what office are you seeking?
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
Type of Report (See pages 4 & 5 of Guideline Book)
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/23/2004

The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
I DENISE ESCHONG (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.
Date: 16/26/04 Candidate Signature or Signature of Committee Treasurer or Chairperson

Revised July 2001

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Name of Candidate or Committee_	Trans	Courty C	Lemblican	
For the reporting period ending				
Sc	hedule A – Dire	ct Contribution	is	
This schedule is used for reporting all direct of		<u>-</u>	-	ort you ma

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Individuals: Itemized Contributions from Individuals						+s de 18	4 <u>.00</u>
Name			e Address	Place of Emplo (Name of Em	oyment olover)	9 700	- 1
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Total of Itemized Contributions from Individuals:

300,00

ne of Candidate or Committee	Mart Cour.	ty Sepuble	<u> </u>
the reporting period ending	10/23/09	_	
Schedule A –	Direct Contributions (continued)	
emized Contributions from Political Parties:		**	
nized Contributions from Political Parties			
Party Name	Addre	ss	
			\$
·			
·			\$
d of Itemized Contributions from Political P	arties:	•	s
nized Contributions from Political Action Co	mmittees (PAC's) - All contribu	tions from PAC's must be it	emized.
PAC Name	Addre	ss	•
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al of Itemized Contributions from Political A			\$

Name of Candidate or Committee:	Shart County	Republicain Appendix	В.
For the reporting period ending:	10/23/04		-
-	B - Fund-Raising Events P	roceeds	
List on this schedule fund-raising events held to contributor gives more than \$100 or their contributions must be itemized on Schedule A.	raise money for the candidate and the net	proceeds derived from each event. If a	
Type or Name of Event		Net Proceeds	
Gencoln Day Din	ne		
			
Total:		3396.88	
		\$ 3,96.88	
Report all non-cash contributions of goods or ser	dule C - In Kind Contributi		
contributor, residence address and place of empl		t	ic
	oyment must be reported.	s &	ic
contributor, residence address and place of empl	oyment must be reported. Name, Residence Addres	s &	ic
contributor, residence address and place of empl	oyment must be reported. Name, Residence Addres	s &	ic
contributor, residence address and place of empl	oyment must be reported. Name, Residence Addres	s &	
contributor, residence address and place of empl	oyment must be reported. Name, Residence Addres	s &	
contributor, residence address and place of empl	oyment must be reported. Name, Residence Addres	s &	ic
contributor, residence address and place of empl	oyment must be reported. Name, Residence Addres	s &	ic
contributor, residence address and place of empl	oyment must be reported. Name, Residence Addres	s &	ic
Nature of Non-Cash Contribution Total:	Name, Residence Addres Place of Employment Schedule D - Other Income	s & Estimated Value	ic
Nature of Non-Cash Contribution Total:	Name, Residence Addres Place of Employment Schedule D - Other Income	s & Estimated Value	ic.
Nature of Non-Cash Contribution Nature of Non-Cash Contribution Total:	Name, Residence Addres Place of Employment Schedule D - Other Income	rect contribution.	ic.
Nature of Non-Cash Contribution Nature of Non-Cash Contribution Total:	Name, Residence Addres Place of Employment Schedule D - Other Income	rect contribution.	

Source of Income Amount

Total:

, Name of Candida	te or Committee:	Thank County Cope	becan Appendix B
For the reporting	period ending:	10/23/04	
	ort all expenditures relati	Schedule E – Expenditures ing to a candidate's campaign. Line items have been provid All contributions to candidates and committees must be	
Exp Item	enses A mount	Contributions Made to Candidates and Con Name of Candidate or Committee	mmittees Amount
Advertising Consulting Postage Printing Rent Salaries Telephone Travel Utilities	Amount 1299, 92 575, 76 100,00 105,42	Hala Republica Kirty	\$1,000.00
List other expense items below	List other expense amounts below		
Memorial	236,03		

Total Expenditures:

Appendi	x B	۰
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Schedule F - Debts and Obligations This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service is to report all of the candidate's campaign obligation. Dwed to: Purpose: Amount Amount	For the reporting period endi	ittee: <u>Shant County</u>	,
	This schedule is to report all of the ca has been contracted but not billed, est	ndidate's campaign obligations which are unpa	gations and at the end of the reporting period. If a service
	Owed to:	Purpose:	Amount
			
		· · · · · · · · · · · · · · · · · · ·	
l l			

Total Obligations:

Mai	me of Candidate or Committee:	Grant County Res	neblecas
	the reporting period ending: 10/	23/04	
	s summary sheet will give a brief outline of all can the schedules previously completed.	Summary Page mpaign finance activity during this reporting	<u>.</u>
1.	Amount on hand, if any, at the beginning	g of the reporting period:	\$ <u>534.4</u> 5
2.	Receipts	i kiti	
	Schedule A - Direct Contributions	\$ 200.	<i>(</i> \$4)
	Schedule B - Fund-Raising Events	\$ 3396,88 3196,88	are of all
	Schedule C - In Kind Contributions	\$ _3396,88 3196,88 \$	13 TA
	Schedule D - Other Income	\$	
	Total of all Receipts	\$	
3.	Total Monetary Receipts (A+B+D)		\$
4.	Candidate's Personal Contribution to O	wn Campaign	\$
5.	Monetary Loans to Candidate or Comm	nittee During Reporting Period	\$
6.	Monetary Loans Repaid During Report	ing Period	\$
7.	Expenditures - Schedule E		\$ <u>3,317,1</u> 3
8.	Unpaid Obligations - Schedule F	\$	

\$ 614.20

9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) - (6+7)

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